# Knowing a Recovery Culture When You See One: A Guide for Recovery-Oriented Leaders

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It is important as we attempt to transform our mental health system to a recovery based system that we actually transform our culture instead of just changing the sign on the door while doing the same old things inside. To be able to tell the difference, we must be able to clearly identify the core elements of a recovery culture when we see them. The Village has made several efforts in this regard. This paper attempts to define key elements of each of the four broad elements of recovery culture we have identified for recovery oriented leaders: Hope, Authority, Healing, and Community Integration.

1) **Hope**: Hope is clearly the first step in anyone's recovery and our culture must actively promote it.
    1) Both staff and consumers should spread stories and celebrations of hope.
    2) Hiring of people who are open about their mental illnesses fills the program with living examples of hope.
    3) Goal setting for both consumers and staff should focus on growth rather than stability or risk avoidance, building on strengths as well as overcoming obstacles.

2) **Authority:** The distribution of authority has widespread implications for promoting empowerment, self- responsibility, risk taking, and learning from mistakes for both staff and consumers.
    1) Decentralized decision-making gives line staff real authority in the program. Giving staff money for them to be responsible for and chose how to spend is a concrete, powerful step.
    2) The program should include a substantive consumer voice at every level of the program's decision making process.
    3) "Consumer driven" needs to be an overt, highly discussed part of the culture to ensure that decisions flow, as much as possible, up from the needs of the people we're helping rather than down form administrative authorities.
    4) Planned risk taking, not care taking or reckless abandonment, needs to be actively encouraged for both consumers and staff if growth is going to occur.
    5) Boundaries between staff and consumers need to be as low as possible to decrease "us vs. them" stigma.
    6) Staff and consumers need to have multiple roles and multiple kinds of relationships with each other for consumers to move beyond illness roles in their recovery. Staff and consumers helping each other out without either "that's not my job" or "that's your job" defensiveness is a concrete, powerful step.

7) Staff and consumers both should feel important, valued, even treasured by those who have "positional authority" over them. Everyone is an expert in some way, a "chief" of something, with "personal authority".

3) **Healing:** In a recovery program the focus is on healing and growth for the person rather than symptom relief for the illness.
    1) The first priorities are engagement, welcoming, and relationship building because the foundation of a good recovery process is a good relationship, not a good diagnosis.
    2) A "counterculture of acceptance" needs to be established within the program to create an emotionally safe place for these "unacceptable", rejected people to recover within.
    3) The usage of respectful language rather than prejudicial, clinical language needs to be so pervasive that people can read their own charts or overhear staff discussing them and feel accepted and understood.
    4) A healing environment is an emotionally rich environment filled with open displays of caring and connection.
    5) To be effective, staff needs to be in touch with why their hearts brought them into this work and be energized by practicing their gifts.

4) **Community Integration**: To achieve meaningful roles in life we can not stay isolated away from the world.
    1) Both staff and consumers must be mobile and actually work together out in the community on "real life" issues.
    2) The program must demonstrate accountability to the community by collecting "socially responsible", quality of life outcomes like housing, jailing, employment, and finances.
    3) The program needs to focus on community coalition building and "giving back" to the community if it and the people it works with are going to be accepted.
    4) Staff and consumers need to be actively involved in the difficult work of fighting stigma if our world is going to become a better place for people with mental illnesses to live in.

It has become increasingly clear to us that leaders need to treat staff the way they want staff to treat consumers. Only staff that has hope, personal power, responsibility and meaningful roles can help consumers have hope, personal power, responsibility and meaningful roles.